24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Americas PAC				C C00559906
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee iHeart Media			Date	of Public Distribution/Dissemination
			[10 15 / 2014
Mailing Address 2141 Grand Avenue			Amo	unt
City	State	Zip Code	$ \Gamma$	21000.00
Des Moines	IA	50312		saction ID : SE.4314 of Disbursement or Obligation
Purpose of Expenditure Media Purchase		Category/ Type		10 02 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
BRUCE L BRALEY		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		58920.00	Disburseme 2014	nt For:
Full Name of Payee		,	Date	of Public Distribution/Dissemination
iHeart Media/KCYZ				10 15 2014
Mailing Address 415 Main Street			Amo	unt
City	State	Zip Code	$ $ Γ	1800.00
Ames	IA	50010		action ID : SE.4312 of Disbursement or Obligation
Purpose of Expenditure Media Purchase		Category/ Type		10 02 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
BRUCE L BRALEY		X Oppose	Presid	dent State: IA
Calendar Year-To-Date Per Election for Office Sought		10560.00	Disburseme 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			· •	22800.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· -	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized	•		•
Tom Donelson	[Electron	nically Filed] Date	10	15 / Y = Y = Y = Y = Y
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI EIVE	ATOTILO		PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼	
Americas PAC			C	C00559906	
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on/	D = D / Y = Y = Y	
Full Name of Payee			Date of Public	Distribution/Dissemination	
KCVM Radio			10	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 721 Shirley Street			Amount		
City	State	Zip Code		2760.00	
Cedar Falls	IA	50613	Transaction II Date of Disbut	D: SE.4313 rsement or Obligation	
Purpose of Expenditure Media Purchase		Category/ Type	10	02 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
BRUCE L BRALEY		X Oppose	President >	Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought	, , ,	13320.00	Disbursement For: 2014 Other (spe	Primary	
Full Name of Payee			Date of Public	: Distribution/Dissemination	
KGYM			10	15 / 2014	
Mailing Address 1110 26th Ave. SW			Amount		
City	State	Zip Code		1800.00	
Cedar Rapids	IA	52904	Transaction ID Date of Disbu	: SE.4315 rsement or Obligation	
Purpose of Expenditure Media Purchase		Category/ Type	10	02 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
BRUCE L BRALEY		X Oppose	President >	Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought	7 7	37920.00	Disbursement For: 2014 Other (spe	Primary X General ecify) ►	
(a) SUBTOTAL of Itemized Independent Expenditur	es			4560.00	
			4	7 7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •		
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Tom Donelson Signature	[Electro	nically Filed] Date	10 15	2014	
olgilatule					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Americas PAC	C C00559906				
Check if X 24-hour report 48-hour report X New report X Amends report filed on	M = M / D = D / Y = Y = Y				
Full Name of Payee D	Pate of Public Distribution/Dissemination				
Townsquare Media	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	mount				
4th Floor					
City State Zip Code Cedar Rapids IA 52401 Ti	22800.00 ransaction ID : SE.4311				
D	Date of Disbursement or Obligation				
Purpose of Expenditure Media Purchase Category/ Type	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office So	ought: House District: 00				
RRUCE L RRALEY	resident Senate State: IA				
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
	M M / D D / Y Y Y Y				
Mailing Address	Land Land Land				
	Amount				
City State Zip Code					
	Date of Disbursement or Obligation				
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate Support Office S	ought: House District:				
Oppose Pr	resident Senate State:				
Galorida Todi To Balo	ement For: Primary General				
Per Election for Office Sought	Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	22800.00				
	7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7				
(c) TOTAL Independent Expenditures	50160.00				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Tom Donelson [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					